



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Pasha Erdogan	INCREASED ALT
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT 273 (was 331 3/1/23, normal 6/2022) Albumin 2.6 (was 2.8) - r/o GI loss, liver dz, urinary loss Globs 4.3 (was 4.3) - r/o inflammation (just had GI signs), infectious, neoplasia Tbili 0.8 - r/o sec to 2+ hemolysis vs GB dz, pancreatitis
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Havanese Mix	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. No evidence of mineral or calculi was noted.
NM	
<b>AGE</b>	The residual prostate was free of overt pathology.
11 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.
21.6 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet no overt pathology was noted. The right adrenal gland subjectively measured 0.75 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Michaleen	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
DPC VH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Subjective normal to adequate vascular volume was noted. Mild increased yet indistinct prominence of the portal vascular borders was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Rivera	
<b>INVOICE</b>	
16534	
<b>DATE</b>	
4/6/23	



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Pasha Erdogan

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Havanese Mix

**SEX**

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DVM, DABVP  
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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

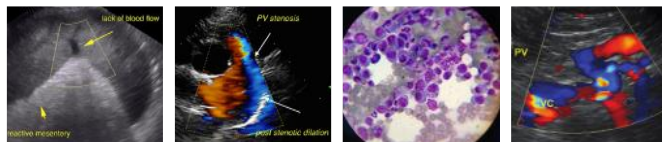
- Low-grade being hepatopathy - suspect probable low-grade inflammatory hepatopathy given the ALT elevation
- Sonographically unremarkable gallbladder
- Normal gastrointestinal tract
- Mild age-related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, screening hepatic FNA cytology could be considered to assess for potential inflammatory cell type. There is no overt suspicion of portosystemic vascular anomaly or primary adrenal disease, given the lack of reported clinical signs.

Hepatic core surgical biopsy is likely required for a definitive diagnosis. Hepatosupportive medications such as Denamarin may prove beneficial. Hepatic functionality is assumed to be normal, given borderline subnormal albumin levels and assuming normal BUN, glucose, and cholesterol levels.





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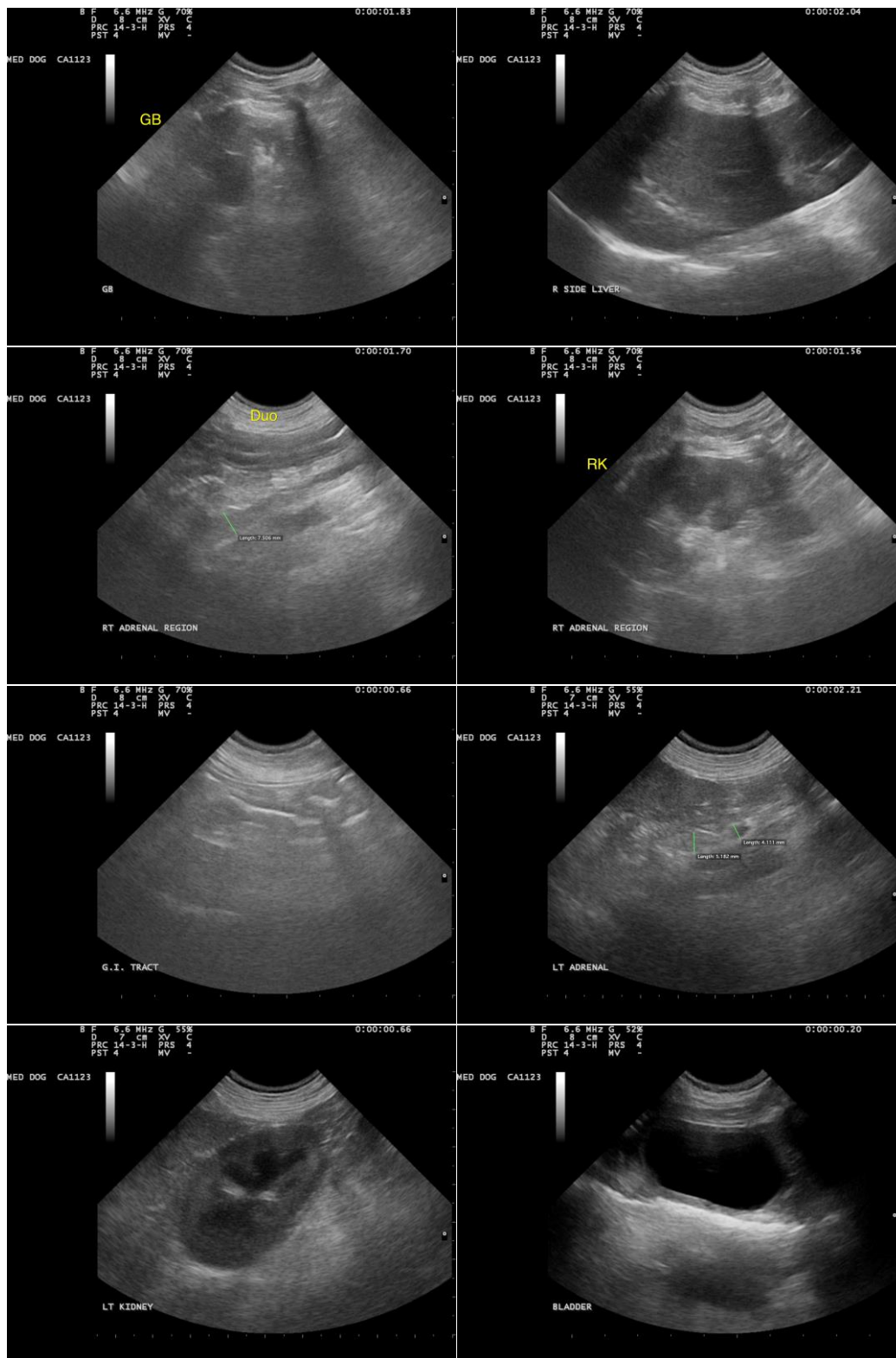
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**